



U. S. ENVIRONMENTAL PROTECTION AGENCY

# APPLICATION FOR INDIVIDUALS TO CONDUCT LEAD-BASED PAINT ACTIVITIES

**Important:** Consult the *Instructions for Individuals Applying for Certification to Conduct Lead-Based Paint Activities* and the official requirements reprinted there to complete this form. Firms should use the *Application for Firms* instead of this application. **Please type or print responses in black or blue ink only.**

## A. Type of Certification Requested

Select one of the following. You must also select the appropriate discipline(s) below.

- ☐ Initial (first-time) certification  
☐ Re-certification application  
☐ Replacement of a lost card

Indicate the discipline(s) for which you are seeking certification or re-certification:

- ☐ Inspector      ☐ Risk Assessor      ☐ Abatement Worker  
☐ Supervisor      ☐ Project Designer

Official Use Only

**For information on EPA  
and other lead programs,  
see the web site:  
<http://www.epa.gov/lead/>**

## B. Applicant Information

Name: \_\_\_\_\_  
Last First Middle

Previous and/or Maiden Name(s), if applicable: \_\_\_\_\_

Business Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ ext. \_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Home Address: \_\_\_\_\_  
Street Address, Apt. No. City State Zip Code

Mailing Address: \_\_\_\_\_  
(if different from above) P.O. Box/Street Address City State Zip Code

Business Name: \_\_\_\_\_  
(if different from above) Name

Street Address, Suite No. City State Zip Code

Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth: \_\_\_\_  
Month/Day/Year

Country of Legal Residence: \_\_\_\_\_

Green Card #: \_\_\_\_\_  
(if applicable)

Height: \_\_\_\_  
feet inches

Weight: \_\_\_\_  
pounds

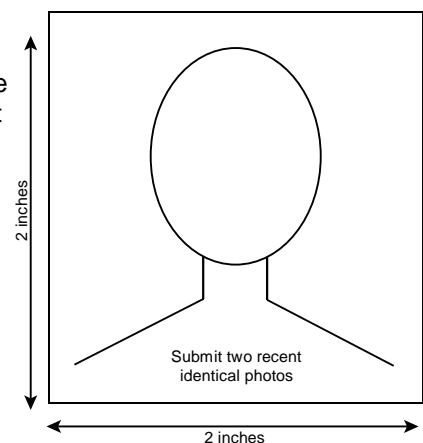
Gender: Male Female  
(circle one)

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_  
(optional)

Submit two identical passport-sized photographs of you alone, recent enough to be a good likeness (normally taken within the last 6 months). As shown in the example to the right, photographs should be 2 x 2 inches in size with an image of your head and shoulders taking up the majority of the area. Photographs must be clear, front view, full face, taken in normal street clothing without a hat or dark glasses, and printed on thin paper with a plain light (white or off-white) background. Photographs retouched so that your appearance is changed are unacceptable.



**C. Education**

High School: \_\_\_\_\_  
Name Location Highest Grade Completed (GED if applicable)

Name any technical, vocational, or special trade schools, colleges, and/or graduate schools you have attended. Indicate highest level completed, major course of study, degrees received, and year graduated, if applicable. Attach additional sheets of paper if necessary. See the instructions for suggestions on how to document your education.

School	Course of Study	Highest Level Completed	Degree(s) Received	Year Graduated

**D. Experience**

Answer the following items about your experience if you are applying for **risk assessor, supervisor, or project designer** certification or re-certification. Attach additional sheets of paper if necessary. For more information and suggestions on how to document your experience, see the instructions and the official requirements (40 CFR § 745.226(b),(c)) reprinted there.

Title or Occupation: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_  
Name

Street Address, Suite No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ ext. \_\_\_\_ Period of Employment: \_\_\_\_\_  
From To

**E. Training**

Answer the following items about the training you received in the discipline(s) for which you are seeking certification or re-certification. Attach additional sheets of paper if necessary. See the instructions for suggestions on how to document your training.

Name of Trainer: \_\_\_\_\_

Name of Training Center: \_\_\_\_\_

Training Center Address: \_\_\_\_\_  
Street Address, Suite No. City State Zip Code

Training Center Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ ext. \_\_\_\_ Date Training Completed: \_\_\_\_\_  
Month/Day/Year

If training was conducted in a language other than English, please specify language: \_\_\_\_\_

Training Certificate Identification Number: \_\_\_\_\_

Please check the type of test you took: ☐ Course test ☐ Hands-on assessment ☐ Proficiency test

**F. Professional Certifications**

In the following blanks, list professional certification(s) held, such as, Industrial Hygienist, Professional Engineer, Registered Architect, Environmental Scientist. Attach additional sheets of paper if necessary. For more information and suggestions on how to document your certifications, see the instructions and the official requirements (40 CFR § 745.226(b),(c)) reprinted there.

Certification	Area/Region where registered, if applicable (list State, Territory, or Indian Tribe name)
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Do you hold current permits, licenses, certifications, or registrations in the lead-based paint activity field in any area or region? Yes    No  
(circle one)

**If yes**, please fill in the following blanks, one line for each permit, license, certification, or registration held. Attach additional sheets of paper if necessary. For more information and suggestions on how to document your permits, licenses, certifications, or registrations, see the instructions and the official requirements (40 CFR § 745.226(b),(c)) reprinted there.

Discipline in which certification held	Area/Region (list State, Territory, or Indian Tribe name)	Certification/Identification Number	Date received
Discipline in which certification held	Area/Region (list State, Territory, or Indian Tribe name)	Certification/Identification Number	Date received
Discipline in which certification held	Area/Region (list State, Territory, or Indian Tribe name)	Certification/Identification Number	Date received

**G. Lead-Based Paint Activity Violations**

Do you have any past, present, or pending lead-based paint activity violations of EPA, State, Territory, or Indian Tribe regulations? Yes    No  
(circle one)

**If yes**, please attach a written explanation.

**H. Areas/Regions**

Please list all the areas or regions in which you intend to perform lead-based paint activities. You will be eligible for certification to work only in those areas or regions. Attach additional sheets of paper if necessary.

The fee that you must pay is affected by the number of areas or regions in which you plan to conduct lead-based paint activities. See the **FEE SHEET**, which was included with your application form, to determine the fee you must pay with your application.

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**I. Additional Information**

Use the following space for any additional information or comments that you want EPA to consider with your application. Attach additional sheets of paper if necessary.

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**J. Signature**

Privacy Act Statement: This statement is provided pursuant to the Privacy Act of 1974, 5 U.S.C. §552a. The authority for collecting this information is 40 C.F.R. Part 745, and 15 U.S.C. §§2682 and 2684. The information collected on this form will be used to establish the applicants eligibility for certification to conduct lead-based paint activities in target housing and child-occupied facilities. Disclosure of this information is voluntary, however, the failure to provide this information may delay or prevent an applicant's certification. This information may be disclosed in appropriate and limited circumstances to: EPA employees, contractors, grantees or others when performing duties that are compatible with the purpose for which this information is collected and when this information is necessary to complete the task; a member of Congress in response to a request made with your consent and on your behalf; to appropriate law enforcement agencies responsible for investigating, enforcing, prosecuting or implementing specific statutes, codes or regulations and this information is relevant to that responsibility; an appropriate adjudicative body when such disclosure is compatible with the purpose for which this information is collected and the EPA or the United States has an interest in the proceeding; and the Department of the Treasury, the General Services Administration, the General Accounting Office and other Federal, State, and Local Agencies for authorized activities related to this information.

Please sign your name and write the date in the blanks below if you understand and agree with the following statement:

I hereby attest and affirm that the information included on this application, including any attachments, is true and accurate to the best of my belief and knowledge. I acknowledge that any certification issued pursuant to this application, including any attachments, will be subject to revocation if issuance was based on incorrect or inadequate information that materially affected the decision to issue the certification. I also attest and affirm that I will maintain my certification(s) according to 40 CFR § 745.226, follow work practice standards according to 40 CFR § 745.227, and conduct lead-based paint activities only in those fields in which I have received certification.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Applicant's Title (if applicable)

**Before you mail your application, check to make sure that you have:**

- |  |   |
|--|---|
| <input type="checkbox"/> Filled out all sections of the application that apply to you  | <input type="checkbox"/> Enclosed any other documentation needed -- See the instructions for more information           |
| <input type="checkbox"/> Signed and dated the application  | <input type="checkbox"/> Enclosed the appropriate certification fee(s) -- See the <b>FEE SHEET</b> for more information |
| <input type="checkbox"/> Enclosed copy of your course completion certificate(s)  | <input type="checkbox"/> Enclosed two identical passport-sized photos of yourself                                       |
| <input type="checkbox"/> Enclosed documentation of your education, experience, and professional certification(s), if necessary | <input type="checkbox"/> Made a copy of your application for your files   |

**Mail original completed application and supporting materials in one package to:**

U.S. Environmental Protection Agency  
OPPTS/ Lead-Based Paint Activities Certification Request  
401 M Street, SW (Mail Code: 7404)  
Washington, D. C. 20460